

presented clinically as benign biliary disease and the majority could not be diagnosed even on ultrasonography. The only way to diagnose the majority of patients with early carcinoma of the gallbladder is, therefore, early surgical treatment of all patients with symptoms of benign biliary disease. Aretxabala et al. [11], in fact, go even further and suggest prophylactic cholecystectomy for all patients with gallstone disease in areas with a high incidence of carcinoma of the gallbladder because of the difficult pre-operative diagnosis of early lesions. We tend to agree with them, because this will result in detection of more incidental/inapparent carcinomas, which are usually in the early stages, are resectable for cure and have better prognosis.

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COMMENTARY

The results reported are comparable to other series where poor long-term survival is reported in spite of the findings of early cancer. I would take issue with the performance of needle biopsy (percutaneous) preoperatively since it will not obviate the need for cholecystectomy and may contaminate the operative field. Opening the specimen prior to termination of the procedure should be routine.

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